

**OFFICE OF THE
ATTORNEY GENERAL**

**DIVISION OF
ADMINISTRATIVE
HEARINGS**

Suite 200
1024 Capital Center Dr.
Frankfort, KY 40601-8204
(502) 696-5442
(502) 573-1009 - FAX

**COMMONWEALTH
OF
KENTUCKY**



**ADMINISTRATIVE
SUBPOENA**

Occupational Safety and
Health Review Commission
Agency and Division

Agency Case No.

Administrative Action No.

_____. vs. _____
Petitioner/Complainant Respondent

TO: _____

**PURSUANT TO THE AUTHORITY OF 803 KAR 50:010, SECTION 29, YOU ARE
HEREBY COMMANDED TO APPEAR:**

at the following place: _____ _____ _____	on _____, _____ at _____ m. <input type="checkbox"/> Eastern Time <input type="checkbox"/> Central Time
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☐ To testify on behalf of _____

☐ To produce the following documents or evidence: _____

☐ To give a deposition.

_____ Issuing Hearing Officer Division of Administrative Hearings Date: _____	_____ Requesting Attorney or Party Address: _____ _____ _____ Telephone: _____
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This is a true copy of the original subpoena, which was delivered to: _____

on the _____ day of _____, _____

by: _____

(print and sign name)

Title: _____